

## PART B - FEE(S) TRANSMITTAL

01-04-07

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10/04/2006

EDMUND P. ANDERSON  
 DELPHI TECHNOLOGIES, INC.  
 Legal Staff, Mail Code: 480-414-420  
 P.O. Box 5052  
 Troy, MI 48007-5052

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Susan Grisham	(Depositor's name)
Susan Grisham	(Signature)
1-2-07	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/043,930	01/11/2002	Scott A. Millsap	DP-305590	9261

TITLE OF INVENTION: METHOD FOR SYNCHRONIZING DATA UTILIZED IN REDUNDANT, CLOSED LOOP CONTROL SYSTEMS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	<del>\$1400.00</del> \$300.00	<del>\$300.00</del>	01/05/2007 HDEESS2 00000144 00043930		01/04/2007
EXAMINER	ART. UNIT	CLASS-SUBCLASS				
BARNES, CRYSTAL J	2121	700-045000	01 FC:1501	1400.00 DA		
			02 FC:1504	300.00 DA		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Michael D. Smith

2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

DELPHI TECHNOLOGIES, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

TROY, MICHIGAN

01 FC:1501

1400.00 DA

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300.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500831. (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Susan Grisham

Date

1-2-07

Typed or printed name

Susan Grisham

Registration No. \_\_\_\_\_

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